

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 PM 4:06

DOCUMENT # 892000004753

1. Corporation Name

FOREVERBLADES CEMETERY, INC

100003164701--8

-03/10/00--01011--017

****450.00 ****450.00

2. Principal Office Address

1500 AIRPORT RD

3. Mailing Office Address

213 N Checkerberry Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Belle Glade, FL

City & State

Jacksonville FL

Zip

33430

Country

Zip

32259

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/92

5. FEI Number

593152213

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TIMOTHY J CALIBORNE CPA

Street Address (P.O. Box Number is Not Acceptable)

213 N Checkerberry Way

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code

32259

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 2/25/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	DOMENIC P TAVERNA	1200 Auburn St	Whitman, MA 02382
S/T/D	MARK DONOVAN	1200 Auburn St	Whitman, MA 02382

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature] Mark Donovan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00
Date

904.230 0999
Daytime Phone #

Timothy J. Claiborne CPA

213 N. Checkerberry Way
Jacksonville, FL 32259
904-230-0999

Fax 904-230-1999
Email tjclaiborne@aol.com

February 25, 2000

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

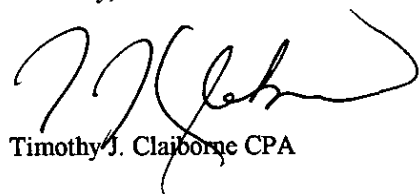
Dear Sir/Madam,

I am writing on behalf of Foreverglades Cemetery, Inc. In reviewing records recently I became aware that the company had not received the annual report from the State. In checking the records on the internet, I found that it had been a couple of years since the report was received.

I researched the matter with the owner Mr. Domenic Taverna, who has contracted alzheimers, that here is no record of having received the annual report form in the year of dissolution, 1998, and any year subsequent.

I respectfully request that the penalties be waived due to the non-receipt. I enclose a check for \$150 for each year 1998, 1999, and 2000. Please accept this with the report for filing. If you have questions or concerns, please contact me directly.

Sincerely,



Timothy J. Claiborne CPA